

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 821

Place of Birth Coolidge County Pinal No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth
<u>Female</u>					

DATE OF BIRTH* Nov. 19, 1939
(Month) (Day) (Year)

FULL* FATHER
NAME Edgar Wm. Graves

FULL* MOTHER
MAIDEN NAME Viola Faulstich

I HEREBY CERTIFY that the child described herein
has been named

Helen May Graves
(Give name in full) (Surname)

x Edgar W. Graves
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M 10-1-48—S.P.Co.

872-1119-569